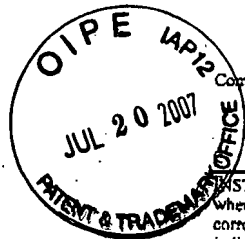


Dublin Center



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

Mail

Mail Stop ISSUE FEE
Commissioner for Patents
PO Box 1450
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49443 7590 04/23/2007

PEARL COHEN ZEDEK LATZER, LLP
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(Depositor's Name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/608,448	06-30-2003	SMOLYAR, Lev	P-5750-US	7139

TITLE OF INVENTION: DEVICE, SYSTEM AND METHOD FOR BLIND FORMAT DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATHAK, SUHANSHU C	2611	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (have us a member a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 PEARL COHEN ZEDEK
2 LATZER, LLP
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INTEL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 50-3355 (enclose an extra copy of this form)

5. The following fees(s) are enclosed:

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature:

Date: July 20, 2007

Typed or printed name: Caleb Pollack

Registration Number: 37,912

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

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